Radiation Control, Cape Town [radconcpt@sahpra.org.za](mailto:radconcpt@sahpra.org.za) 🕿+2712 015 5516

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|  |
| --- |
| **For office use only** |
| **File no:** |
| **Licence no:** |
| **Code:** |

NOTE: ALLOW 30 DAYS FOR ADMINISTRATION

1. **PARTICULARS OF APPLICANT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and postal address of licence holder: | | | | |
|  | | | | |
|  | | | | Postcode: |
| 🕿 | Fax no.: | | E-mail: | |
| Name and postal address of contact person (*If different from above)*: | | | | |
|  | | | | |
|  | | | | Postcode: |
| 🕿 | | Fax no.: | | |

# DECLARATION (by/on behalf of the applicant):

|  |  |
| --- | --- |
| I, (PLEASE PRINT):...................................................................................... hereby declare that the information supplied is to the best of my knowledge true and correct. | |
| Signature: | Date: |
| Designation: | |

# TYPE OF APPLICATION (Indicate with a X in the applicable block)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unit dismantled | Unit sold/ transferred | Unit stolen | Unit Stored | Generator disposed | New/modified premises |

4.1 DETAILS OF GENERATOR / SYSTEM

|  |  |  |
| --- | --- | --- |
| Name of manufacturer: | | Licence no**:** |
| Brand name: | Model: | |
| Generator serial no: | Unit serial no: | |

4.2 DETAILS OF PERSON/COMPANY TO WHOM ELECTRONIC PRODUCT HAS BEEN SOLD/TRANSFERRED

|  |  |
| --- | --- |
| Name and postal address: | |
|  | |
| Name of contact person: |  |
| 🕿 | Fax no: |

4.3 Particulars of NEW/modified premises

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Building | Motor vehicle | Other: | | |
| Address: - General (i.e. block, floor, room, vehicle reg. no.) | | | | |
| Section: | | | Street: | |
| Building: | | | | |
| Suburb: | | | | Postcode: |

4.4 Diagram of new/modified premises

|  |
| --- |
| **Please attach a diagram or plan** indicating the appropriate enclosure or room with special reference to:  (a) The normal location of the x-ray tube and extend of x-ray tube movement; general direction(s) of the useful beam; locations of any windows and doors; the location of the operator's booth; and the location of the x-ray control panel.  (b) The structural composition and thickness or lead equivalent of all walls, doors, partitions, floor, and ceiling of the room(s) concerned.  (c) The dimensions of the room(s) concerned.   1. The type of occupancy of all adjacent areas inclusive of space above and below the room(s) concerned. If there is an exterior wall, show distance to the closest area(s) where it is likely that individuals may be present.   To what extent does the new/modified premises entail an increased radiation danger: |

|  |  |
| --- | --- |
| **For office use only** | |
| Type of modification/disposal | Generic code |
| Unit sold to another user | DP001 |
| Unit transferred to new premises of the same licence holder | DP002 |
| Unit sold to a distributor | DP003 |
| Unit dismantled | DP004 |
| Licence holder disappeared | DP005 |
| Unit disappeared | DP006 |
| Unit stolen | DP007 |
| Unit in storage | DP008 |
| New generator installed | DP009 |